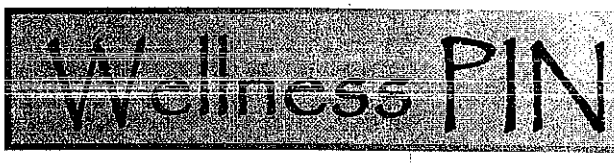

Dakota COUNTY MEDICA

PIN Program Description

The Preferred Integrated Network (PIN) program was developed as an outcome of Governor Pawlenty's Mental Health Care Initiative to improve services to children and adults living with mental illness. The PIN is a partnership between Dakota County, Medica Health Plan and Medica Behavioral Health to bring together resources to improve and coordinate the physical and mental health care services for people up to age 65 living in Dakota County. Other goals include access to the full continuum of health care services, health care system navigation through a single point of contact and shared program accountability through an innovative public/private partnership

Enrollment in the PIN is voluntary. Potential participants are determined by DHS based on high usage of intensive mental health services within the last year. Data is pulled and invitation letters are mailed to consumers on a routine basis. Currently, there are 402 total members in the PIN with 393 adults and 9 under age 18.

Key components of the model include:

- **System Navigation**: A "wellness navigator" for each PIN enrollee to act as a "single source of contact" for guidance and assistance in navigating the complex health care system. Comprehensive care planning and care coordination tailored to each individual's needs and preferences.
- **Integrated Medical and Behavioral Health Care**: Medical and behavioral integrated service delivery through routine review, system education and creative service delivery opportunities
- **Access to Care**: Access to a full continuum of medical and behavioral health care available through a network of high quality medical and behavioral clinicians and facilities. Access to an established continuum of social service resources and services.
- **Shared Accountability**: An innovative public/private partnership including Dakota County, Medica Health Plan and Medica Behavioral Health has been established with shared service planning, model development, implementation, and gap analysis and model refinement.

The PIN has brought together resources to work on the issue of lack of physical health care access and care for people with mental illness. From experience, the partners realized that in many cases a traditional health care setting would not be the best approach to deliver care. The partners developed the Clinic Without Walls (CWOW) model, which co-locates physical health care services (provided by Bluestone Physician Group) at mental health drop in centers. CWOW provides primary care including lab draws and radiology services and is being used by some members.

The CWOW staff also reviews blinded assessments of PIN members for recommended physical health care interventions to provide to the wellness navigators to incorporate into their plans with members. To date, the adult PIN population has an average of 7.3 chronic conditions per person

and the child PIN population has an average of 4 health care triggers per person. These are results one would expect from a population over age 65 and reinforces the need for focus on preventive physical health care and management of chronic conditions.

The PIN partners are committed to joint evaluation, analysis of gaps and service planning to ensure the needs of PIN enrollees are met. In order to accomplish this, PIN partners meet at least monthly to review operational challenges, operational successes, joint evaluation, analysis of gaps and additional service needs.

The PIN partners are working closely with the DHS on an evaluation of the PIN program. Some of the measures collected include audits of navigator assignment, documentation, assessments and wellness plans will be conducted to ensure enrollee needs are identified and addressed.

A critical component of the PIN success is the evaluation by consumers and key stakeholders. Dakota County conducts educational meetings with consumer advocacy groups (NAMI, CSN, PACER, etc) to provide an opportunity to ask questions about the PIN and other options available to consumers they represent.

While formal evaluations are underway, the PIN program has many consumer specific success stories as indicated by the two examples below.

"Ralph" is 55, married, on disability and living with depression, MS, diabetes, high blood pressure, high cholesterol, headaches, gout and hip replacement. His wife also lives with MS. When he joined the PIN he had just started a healthy eating plan with his PCP that also included regular exercise. He has utilized the transportation and gym membership to exercise six days/week. His Navigator assisted him to obtain medical equipment and coordinated with his CADI worker and the MS Society, to have substantial alterations to his home to increase his safety (wheelchair ramps, safety rails, replaced flooring). Ralph credits his reduced chronic pain, diabetes symptoms in remission and 40 lb weight reduction to the transportation and gym membership. His Navigator has facilitated communication with providers, reinstatement after eligibility interruptions, and access to medications. He has become a "PIN Cheerleader" and reports referring several friends with disabilities to the PIN.

An 11-year old boy was receiving mental health targeted case management from Dakota County for a year. After enrollment in the PIN, the case manager assessed his needs using the new PIN assessment tool which incorporates a focus on both physical and mental health issues. The assessment indicated the following: his mental health needs were well-address, he had an extensive family history of diabetes but hadn't been seen by a physician for 3 years, he hadn't seen a dentist for 7 years, and he was getting headaches and couldn't see at school. After identifying these issues, the social worker connected the child with appointments with a physician, dentist and optometrist. The child was able to get glasses which improved his school experience.

Wellness PIN

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Wellness PIN

Guiding you towards overall good health!

Care Integration and Payment Reform Workgroup

Emily Schug, Dakota County Social Services Deputy Director

Cary Zahrbock, Director, Quality Improvement and Community Initiatives, Medica Behavioral Health

May 3,2012

What is the PIN?

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- PIN stands for "Preferred Integrated Network"
- The joining of physical and mental health case management for adults and children with mental illness or emotional disturbance to improve and coordinate their physical, mental health and social services
- A public private partnership between Medica, Medica Behavioral Health and Dakota County

Membership

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- May Total Enrollment – 402
  - Adults - 393
  - Children – 9
  - Males – 155
  - Females – 247
  - Dual Eligible - 271
  - Medicaid Only Eligible - 131

What is the PIN Model?

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- **System Navigation:** A "wellness navigator" for each PIN enrollee to act as a "single source of contact" for guidance and assistance in navigating the complex health care system. Comprehensive care planning and care coordination tailored to each individual's needs and preferences.
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What is the PIN Model?

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- **Shared Accountability:** An innovative public/private partnership including Dakota County, Medica Health Plan and Medica Behavioral Health has been established with shared service planning including consumers and provider agencies all of whom are involved in model development, implementation, and gap analysis and model refinement.

Wellness PIN Goals

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To support and improve the health and wellbeing of children and adults with mental health concerns by providing:

- Navigation through the health care system
- Single point of contact
- Access to:
  - Traditional Mental Health Services
  - Physical Health Services
  - Social Services
- Wellness Navigator to help you through the systems
- One person to support your efforts to improved health and wellbeing

Innovations- Additional Benefits

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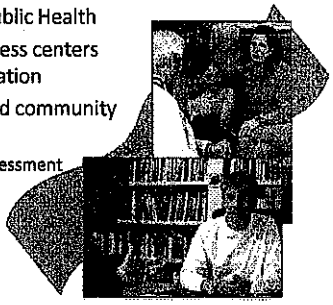
- Clinic without Walls (CWOW)
- Partnership with Public Health
- Membership to fitness centers including transportation
- PIN Learning applied community wide
  - Comprehensive assessment
  - Comfort asking medical questions



Consumer Successes

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- An 11-year old boy receiving mental health targeted case management from Dakota County for a year before joining the PIN program.
- PIN Wellness Navigator assessed his needs using the new PIN assessment tool which incorporates a focus on both physical and mental health issues.
- The assessment indicated the following: his mental health needs were well-address, he had an extensive family history of diabetes but hadn't been seen by a physician for 3 years, he hadn't seen a dentist for 7 years, and he was getting headaches and couldn't see at school.
- After identifying these issues, the Wellness Navigator connected the child with appointments with a physician, dentist and optometrist. The child was able to get glasses which improved his school experience.

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Future

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- Formal Evaluation of PIN Program
  - Quality of Life indicators
  - Health care status
  - Long term costs
- Use findings of PIN to encourage more private/public partnership to support people no matter their insurance coverage
  - Clarify roles of partners
  - Assume positive intent
- Develop partnerships to expand to other areas of the state

Barriers

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- Confidentiality concerns impede work across systems
  - Limit sharing between mental health and physical health professionals
  - Hamper ability to involve families in solutions
- System requirements make the goal of reducing complexities for participants a challenge
  - Medicare & Medicaid requirements differ
  - Qualification for social services
- Investment required to build relationships required for public/private partnership
  - Shared language, understanding of roles, learning that supports the whole person
  - Confirm shared values